

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Nobuyoshi OKUMURA et al.

Application No.: 10/573,981

Confirmation No.: 4165

Filed: March 30, 2006

Art Unit: 2618

For: RECEIVING APPARATUS

Examiner: C. A. Hannon

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

MS 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Madam:

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 02-2448 shown on the statement for the month of June 2009 for the above-identified

☒ application ☐ patent

☒ A copy of the monthly statement in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

**AMOUNT OF
REFUND
REQUESTED**

<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> search fee	_____
<input type="checkbox"/> examination fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____

and/or

<input type="checkbox"/>	surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input checked="" type="checkbox"/>	extension of term	
	<input type="checkbox"/> first month	_____
	<input checked="" type="checkbox"/> second month	\$490.00
	<input type="checkbox"/> third month	_____
	<input type="checkbox"/> fourth month	_____
<input type="checkbox"/>	excess claims	_____
<input type="checkbox"/>	issue fee	_____
<input type="checkbox"/>	petition fee	_____
<input type="checkbox"/>	patent maintenance fee	_____
	<input type="checkbox"/> first maintenance fee	_____
	<input type="checkbox"/> second maintenance fee	_____
	<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/>	patent maintenance fee surcharge	_____
<input type="checkbox"/>	Other:	_____

TOTAL REFUND REQUESTED		\$360.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

Applicants representative inadvertently paid the two (2) month extension of time fee of \$490.00 on June 18, 2009 rather than the proper one (1) month extension of time fee of \$130.00.


IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Dated: July 8, 2009

Respectfully submitted,

By 
 Chad J. Billings
 Registration No.: 48,917
 BIRCH, STEWART, KOLASCH & BIRCH, LLP
 8110 Gatehouse Road, Suite 100 East
 P.O. Box 747
 Falls Church, Virginia 22040-0747
 (703) 205-8000
 Attorney for Applicant

Attachment(s)



**United States
Patent and
Trademark Office**

Name: BIRCH STEWART
KOLASCH & BIRCH

Attention:

Street Address 1: 8110 GATEHOUSE
ROAD

Street Address 2: SUITE 500 EAST

Province:

City: FALLS CHURCH

State: VA

Postal code: 22042

Country: UNITED STATES

Telephone: 703-205-8090

Fax:

Balance Amount:

BIRCH, STEWART, KOLASCH & BIRCH, LLP
Jun 2009 Deposit Account Reconciliation

Date	Reference No.	Docket Number	PTO Fee Code	BSKB Cost Code	Fee
19-Jun	10573981	1163-0560PUS1	1801	DF	\$810.00
19-Jun	10573981	1163-0560PUS1	1252	DX	\$490.00